### IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-3701 www.iowa.gov/ethics



lowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

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Gift, Bequest, or Grant information
received by a department of adcepted by the edversor of behalf of the state

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provide a copy of this report to the Government Oversight Committee. filed within 20 days of receipt of the gift, bequest, or grant.	This form is required to be Computer
DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR	GRANT:
Mental Health Institute	
Name of Department or Office  Mailing Address  Address  Address  City, S	t. Pleasant, lowa. 52641 tate, Zip Code
Area Code & Telephone No.	
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:	
Nathan Beattie	
Mailing Address (if different from above)  Nathanbeattic@iowa.gov  Email Address	City, State, Zip (if different from above)  Cx L, 2371  Area Code & Telephone Number (if different from above)
Citali Address	Area code a relephone number (ii dinerent nom above)
DONOR OF GIFT, BEQUEST, OR GRANT:    METICAN LEGION GUX, I, and     Name Muscation Co.     ODL Wilden Wilton La. 52778     Mailing Address City, State, Zip Code	5/13/08 : 300-
1 -319 → 563 - 732 - 6789 Area Code & Telephone Number Email Address (optional)	Date of Gift, Bequest, or Grant Amount/Value*  "value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".
Provide a description of the gift, bequest, or grant and purpose thereof:	•
Dinner for MHI phit patie	ts and dients.
Criteria to use this form:	
Receipt of any gift, bequest, or grant that is received by any department of the	e state or received by the Governor on behalf of the state.
wh.	
Statement of Affirmation:	
1, With an Dratte affirm that the gift, bequest, or grant reported abdonor and assessment of the fair market value (if applicable) is correct and true	ove is accurate. I further affirm that the information concerning the to the best of my knowledge.

Noth Bett GII

5/24/08 Date

Gift, Bequest, or Grant information received by a department or accorded by the Governor on behalf of the state

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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR O	GRANT:
Mailing Address (319) 385-7231 City, St Area Code & Telephone No.	. Pleasant, lowa. 52641 late, Zip Code
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:	
Nathan Beattie  Name  Mailing Address (if different from above)  Nathan beattie@ 10wa. gov  Email Address	City, State, Zip (if different from above)  (Ext. 1371  Area Code & Telephone Number (if different from above)
DONOR OF GIFT, BEQUEST, OR GRANT:	
Name  W./ton, 16, 52778  Mailing Address  City, State, Zip Code  Area Code & Telephone Number  Email Address (optional)	Date of Gift, Bequest, or Grant Amount/Value*  *value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".
Provide a description of the gift, bequest, or grant and purpose thereof:	•
Criteria to use this form:	
Receipt of any gift, bequest, or grant that is received by any department of the	e state or received by the Governor on behalf of the state.
\$10 check for volunteer p	shest fund
Statement of Affirmation:	
I, Athan TSouther affirm that the gift, bequest, or grant reported about donor and assessment of the fair market value (if applicable) is correct and true to	ove is accurate. I further affirm that the information concerning the o the best of my knowledge.
Nathan Sect OIT	5/2 <b>\$</b> /08

# IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 14

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Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:		
Mental Health Institute		
Name of Department or Office 1200 E. Washington Mil	t. Pleasant, lowa. 52641  state, Zip Code	
Mailing Address (314) 385-7251 City, 5	tate, Zip Code	
Area Code & Telephone No.		
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:		
Nathan Beattie		
Mailing Address (if different from above)	City, State, Zip (if different from above)	
nathanbeattice iowa gov	Ext. 2371	
Email Address	Area Code & Telephone Number (if different from above)	
Name    Mailing Address   City, State, Zip Code 5764     (319) 385 - 4600   Area Code & Telephone Number	5/17/08 \$ 25 00  Date of Gift, Bequest, or Grant Amount/Value*  "value is defined as "fair market value" of item as determined by	
Email Address (optional)	receiving department or office. If no value mark "0.00".	
Provide a description of the gift, bequest, or grant and purpose thereof:	•	
\$2500 gift card for activity fu	d	
Criteria to use this form:		
Receipt of any gift, bequest, or grant that is received by any department of the	e state or received by the Governor on behalf of the state.	
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tatement of Affirmation:		

affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

# IOWA ETHICS AND CAMPAIGN DISCLOSURE BOATO THICS AND STORE SOURCE SOURCE BOATO THICS AND SOURCE BOATO THE BOATO THICS AND SOURCE BOATO THE BOATO TH

Fax: (515)281-3701 www.iowa.gov/ethics

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Mailing Address (319) 385-7251 City, State, Zip Code Mailing Address (319) 385-7251 City, State, Zip Code Mailing Address (319) 385-7251 City, State, Zip Code Mailing Address (if different from above)  DONOR OF GIFT, BEQUEST, OR GRANT:  Mare Muscathe 12, 5276  Mailing Address (optional)  Mailing	
Area Code & Telephone No.  CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:  Wathan Beattie  Mailing Address (if different from above)  Data beattie 100a gov  Email Address  City, State, Zip (if different from above)  City, State, Zip (if different from above)  Ext. 73.71  Area Code & Telephone Number (if different from above)  Control of Gift, Bequest, Or Grant:  American Legan Quv #27  Name  Mailing Address  City, State, Zip Code  1563-763-770  Area Code & Telephone Number  Email Address (optional)  Provide a description of the gift, bequest, or grant and purpose thereof:  ### Code & Telephone Number  Final Address (optional)  Provide a description of the gift, bequest, or grant and purpose thereof:  ###################################	
Mailing Address (if different from above)  Nathan Beattie  Mailing Address (if different from above)  Nathan Beattie (I own a gov Ext. 7371  Area Code & Telephone Number (if different from above)  Name  Muscatre 1a. 577(a)  Mailing Address  City, State, Zip (if different from above)  CONOR OF GIFT, BEQUEST, OR GRANT:  Mailing Address  City, State, Zip Code  1563-763-770  Area Code & Telephone Number  Traile is defined as "fair market value" of item as determine receiving department or office. If no value mark "0.00".  Email Address (optional)  Provide a description of the gift, bequest, or grant and purpose thereof:  ### Code & Telephone Number  Traile is defined as "fair market value" of item as determine receiving department or office. If no value mark "0.00".  ###############################	<del></del>
Mailing Address (if different from above)  Nath and Plattic Provide a description of the gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.  City, State, Zip (if different from above)  Area Code & Telephone Number (if different from above)  Solved & Telephone	
Email Address  Area Code & Telephone Number (if different from above)  CONOR OF GIFT, BEQUEST, OR GRANT:    Annexish Legan Quy #27	
Mailing Address  Mailing Address  City, State, Zip Code    563-763-7770   Area Code & Telephone Number    Email Address (optional)	
Name  Musative 1a, 527lo  City, State, Zip Code    563-763-770  Area Code & Telephone Number  Email Address (optional)  Provide a description of the gift, bequest, or grant and purpose thereof:  ### Under the code of the gift, bequest, or grant and purpose thereof:  ###################################	
Area Code & Telephone Number  Date of Gift, Bequest, or Grant Amount/Value*  *value is defined as "fair market value" of item as determing department or office. If no value mark "0.00".  Provide a description of the gift, bequest, or grant and purpose thereof:  ### Check for Voluntary parties of the State of Count  Criteria to use this form:  Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.	
*value is defined as "fair market value" of item as determined receiving department or office. If no value mark "0.00".  Provide a description of the gift, bequest, or grant and purpose thereof:  **D**  Check for Volunter parties according to the state of the state of the state of the state.  **Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.	<del>-</del>
#10 _ check for Volunteer parties account  Criteria to use this form:  Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.	ned by
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*	
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Nath TeathCaffirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning	a the
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Vatte Both OII 5/20/08	
Signature Date	

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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST,	OR GRANT:
Mental Health Institute	
Name of Department or Office	22/ D/ - 1 1 = 21111
TAWG, WASTINGON /	Mt. Pleasant, lowa. 52641 ty, State, Zip Code
Area Code & Telephone No.	
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFIC	E:
Nathan Beattie	
Name	
Mailing Address (if different from above)  Nathanbeattie@10Wa.gov	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)
	(in different from above)
DONOR OF GIFT, BEQUEST, OR GRANT:	
American Legion aux #509	
West Liberty la 52776	-( /
City, State, Zip Code	Date of Gift, Bequest, or Grant Amount/Value*
Area Code & Telephone Number	
Empli Address (astismal)	"value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".
Email Address (optional)	
Provide a description of the gift, bequest, or grant and purpose thereof:	
\$10 - check for volunteer of	men
1710 CHECK JO WOOD TERS BY	· act.
Criteria to use this form:	
Receipt of any gift, bequest, or grant that is received by any department of	the state or received by the Governor on behalf of the state.
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tatement of Affirmation:	
Wather Textive affirm that the gift, bequest, or grant reported	above is accurate. I further affirm that the information concerning the
nor and assessment of the fair market value (if applicable) is correct and tru	te to the best of my knowledge.
Wather Batt GII	5/21/2 e
Signature	3/ (4/00
-	Date